

Prepared by and return to:

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Attorney at Law
Post Office Box 266
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662-349-6900

STATE MS.-DESOTO CO.
FILED

WARRANTY DEED

MAY 14 4 30 PM '01

BK 392 PG 280
W.F. [unclear] [unclear]

Marlene Sprinkle, a Single Person
GRANTOR

to:

Hubert L. Cofer, a Single Person
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Marlene Sprinkle, a Single Person does hereby sell, convey, and warrant unto Hubert L. Cofer, a Single Person the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 2211, Section "K", Southaven West Subdivision, in Section 27, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 4, Pages 4-5, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, Olen R. Sprinkle, departed this life on APRIL 20, 2001 while an adult resident citizen of DESOTO County, MS.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi, including, but not limited to, Plat Book 4, Pages 4-5.

Taxes for the year 2001 are to be paid by Grantees and possession is to be given with receipt of Deed.

WITNESS the signature of the Grantors, this the 11th day of May, 2001.

Marlene Sprinkle
Marlene Sprinkle

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Marlene Sprinkle, a Single Person, who acknowledge that she executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 11th day of May, 2001.

[Signature]
Notary Public

My Commission Expires:

9-29-01

GRANTOR'S ADDRESS:

1501 TOWN + COUNTRY
SOUTHAVEN, MS. 38671
Work Phone #: 662-393-5931
Home Phone #: 662-393-4434

GRANTEE'S ADDRESS:

2292 Colonial Hills
Southaven, Mississippi 38671
Work Phone #:
Home Phone #: 662-393-4658

TYPE OR PRINT WITH BLACK INK		FILING DATE		BK 0392PG0281		CERTIFICATE OF DEATH		STATE FILE NUMBER 123-	
DECEASED If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items. For RESIDENCE items, enter actual location of home rather than mailing address.		1. NAME		First Middle Last		2. SEX		3a. HOUR OF DEATH	
		Olen Ray Sprinkle		Male				3b. DATE OF DEATH (Month, Day, Year)	
								April 20, 2001	
		4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)	
White		68		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		June 3, 1932		DeSoto	
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in building, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA		8. STATE OF BIRTH			
Southaven		1501 Town & Country Drive		N/A		Alabama			
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)			
Elementary School		College		Married		Yes			
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY			
American		421-38-3746							
16a. RESIDENCE--STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)		16e. STREET AND NUMBER OR RURAL LOCATION	
Mississippi		DeSoto		Southaven		Yes		1501 Town & Country Dr	
PARENTS		17. FATHER--NAME		18. MOTHER--NAME					
		James O. Sprinkle		Ila Gray					
INFORMANT		19a. INFORMANT--NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
		Marlene J. Sprinkle		1501 Town & Country Drive Southaven, MS 38671					
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY--NAME		20c. LOCATION (City and State)		21. EMBALMER--SIGNATURE AND NUMBER	
Burial		Twin Oaks Memorial Gardens		Southaven, MS				K. J. K. K. K. ES-7	
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)							
Twin Oaks Funeral Home 17T		290 Goodman Road East Southaven, MS 38671							
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)			
				ON		AT			
CERTIFIER		23a. CERTIFIER--NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
		Jeffery Pounders		4942 Pounders Road Nesbit, MS 38651					
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
		SIGNATURE							
		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)			
		SIGNATURE		DeSoto CMEI					
CAUSE OF DEATH		25. PART I. IMMEDIATE CAUSE (Enter one cause only):		26. PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		(a)				No		yes	
		(b)							
		(c)							
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			
29a. INJURY AT WORK (Yes or No)		29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29c. LOCATION		Street or route number		City or town State	

INSTRUCTIONS

- This certificate should be completed using a typewriter.
- The institution where death occurs must complete items 1, 3, 7 and 22 and retain the pink copy.
- The certifier must complete the "Certifier" and "Cause of Death" sections, forward the certificate to the funeral director within 3 days, and keep the blue copy for his records.
- The funeral director should complete all remaining items and file the certificate with the State Board of Health within 5 days of death.
- The yellow copy may be used as a burial-transit permit if the certificate has been completed and signed prior to transit.